

**CITY OF THOUSAND OAKS
TRANSPORTATION PERMIT**

TR-0015 (REV. 02/2009)

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (Including Area Code)

OFFICE FAX NUMBER (Including Area Code)

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.

HAUL

DRIVE

TOW

DIMENSIONS OF LOAD

DESCRIPTION OF HAULING EQUIPMENT:

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN:	DESTINATION:
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AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.	For office use only
PILOT CAR	<input type="checkbox"/> YES <input type="checkbox"/> NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NUMBER OF TRIPS
	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

CONTACT PERSON (PRINT)

PERMIT VALID:
FROM: _____
TO: _____

MOVEMENT AUTHORIZED:
SATURDAY : _____
SUNDAY: _____

NO NIGHT TRAVEL

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

Permit Conditions

Holiday Restrictions

No Movement Between 7AM-9AM and 4PM-6PM
